

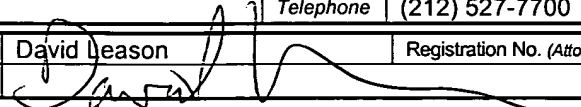
REISSUE PATENT APPLICATION TRANSMITTAL

Address to: MS Reissue Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450	Attorney Docket No.	03031/100G666-US2
	First Named Inventor	J. Roy Nelson, et al.
	Original Patent Number	6,568,123 B1
	Original Patent Issue Date (Month/Day/Year)	May 27, 2003
	Express Mail Label No.	

APPLICATION FOR REISSUE OF: ☒ Utility Patent ☐ Design Patent ☐ Plant Patent
(check applicable box)

APPLICATION ELEMENTS (37 CFR 1.173)	ACCOMPANYING APPLICATION PARTS
1. <input checked="" type="checkbox"/> Fee Transmittal Form (PTO/SB/56) (Submit an original, and a duplicate for fee processing)	10. <input type="checkbox"/> Statement of status/support for all changes to the claims. See 37 CFR 1.173(c).
2. <input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.	11. <input type="checkbox"/> Original U.S. Patent for surrender <input type="checkbox"/> Ribbioned Original Patent Grant
3. <input type="checkbox"/> Specification and Claims in double column copy of patent format (amended, if appropriate)	<input type="checkbox"/> Statement of Loss (PTO/SB/55)
4. <input type="checkbox"/> Drawing(s) (proposed amendments, if appropriate)	12. <input type="checkbox"/> Foreign Priority Claim (35 U.S.C. 119) (if applicable)
5. <input checked="" type="checkbox"/> Reissue Oath/Declaration (original or copy) (37 CFR § 1.175)(PTO/SB/51 or 52)	13. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
6. <input type="checkbox"/> Power of Attorney	14. <input type="checkbox"/> English Translation of Reissue Oath/Declaration (if applicable)
7. Original U.S. Patent currently assigned? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No (If Yes, check applicable box(es))	15. <input checked="" type="checkbox"/> Preliminary Amendment
<input checked="" type="checkbox"/> Written Consent of all Assignees (PTO/SB/53)	16. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
<input checked="" type="checkbox"/> 37 CFR 3.73(b) Statement (PTO/SB/96)	17. Other: <div style="border: 1px solid black; padding: 5px; display: inline-block;">Offer to Surrender</div>
8. <input type="checkbox"/> CD-ROM or CD-R in duplicate, Computer Program (Appendix) or large table	
9. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all of the following are necessary)	
a. <input type="checkbox"/> Computer Readable Form (CFR)	
b. Specification Sequence Listing on:	
i. <input type="checkbox"/> CD-ROM (2 copies) or CD-R (2 copies); or	ii. <input type="checkbox"/> paper
c. <input type="checkbox"/> Statements verifying identity of above copies	

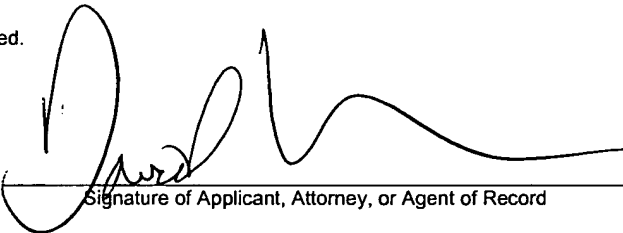
18. CORRESPONDENCE ADDRESS

<input checked="" type="checkbox"/> Customer Number or Bar Code Label	07278	or	<input type="checkbox"/> Correspondence address below
Name	DARBY & DARBY P.C. David Leason		
Address	P.O. Box 5257		
City	New York	State	NY
Country	US	Zip Code	10150-5257
	Telephone	(212) 527-7700	Fax
			(212) 753-6237
Name (Print/Type)	David Leason	Registration No. (Attorney/Agent)	36,195
Signature		Date	March 16, 2004

Express Mail Label No.

Dated: _____

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

REISSUE APPLICATION FEE TRANSMITTAL FORM						Docket Number (Optional) 03031/100G666-US2		
Claims as Filed – Part 1								
Claims in Patent		Number Filed in Reissue Application	(3) Number Extra	Small Entity		Other than a Small Entity		
				Rate	Fee	Rate	Fee	
(A) 47	Total Claims (37 CFR 1.16(j))	(B) 83	**** 36	= x \$	=	or	x \$ 9.00 = \$ 324.00	
(C) 10	Independent claims (37 CFR 1.16(i))	(D) 13	* 3	= x \$	=		x \$ 43.00 = \$ 129.00	
Basic Fee (37 CFR 1.16(h))				\$			\$ 385.00	
Total Filing Fee				\$		OR	\$ 838.00	
Claims as Amended – Part 2								
	(1) Claims Remaining After Amendment	MINUS	(2) Highest No. Previously Paid For	(3) Extra Claims Present	Small Entity		Other than a Small Entity	
					Rate	Fee	Rate	Fee
Total Claims (37 CFR 1.16(j))	***	MINUS	**	* =	x \$	=	x \$	=
Independent claims 37 CFR 1.16(i))	***	MINUS	*****	=	x \$	=	x \$	=
Total Additional Fee					\$		OR	\$
<p>* If the entry in (D) is less than the entry in (C), Write "0" in column 3.</p> <p>** If the "Highest Number of Total Claims Previously Paid For" is less than 20, Write "20" in this space.</p> <p>*** After any cancellation of claims.</p> <p>**** If "A" is greater than 20, use (B-A); if "A" is 20 or less, use (B-20).</p> <p>***** "Highest Number of Independent Claims Previously Paid For" or Number of Independent Claims in Patent (C).</p>								
<p><input checked="" type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27.</p> <p><input type="checkbox"/> Please charge Deposit Account No. <u>04-0100</u> in the amount of \$ <u> </u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> The Director is hereby authorized to charge any additional fees under 37 CFR 1.16 or 1.17 which may be required, or credit any overpayment to Deposit Account No. <u>04-0100</u>. A duplicate copy of this sheet is enclosed.</p> <p><input checked="" type="checkbox"/> A check in the amount of \$ <u>838.00</u> to cover the filing/additional fee is enclosed.</p> <p><input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached.</p>								
<u>March 16, 2004</u> Date				 Signature of Applicant, Attorney, or Agent of Record				
<u>36,195</u> Registration Number, if applicable				<u>David Leason</u> Typed or printed name				
<div style="display: flex; justify-content: space-between;"> Express Mail Label No. _____ Dated: _____ </div>								

Express Mail Label No.

Dated: _____

Docket No.: 03031/100G666-US2
(PATENT)**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**In re Patent Application of:
J. Roy Nelson et al.

Application No.: To Be Assigned

Confirmation No.: N/A

Filed: Herewith

Art Unit: N/A

For: BLOOD-SUCKING INSECT CONTROL
STATION

Examiner: Not Yet Assigned

Reissue of: U.S. Patent No. 6,568,123 B1

Issued May 27, 2003

OFFER TO SURRENDERBox Reissue
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

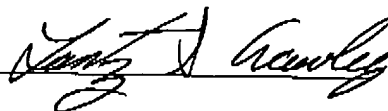
Dear Sir:

Bugjammer, Inc. is the sole owner of U.S. Patent No. 6,568,123 B1 by assignment. A Certificate under 37 C.F.R. §3.73(b) attesting to the assignment accompanies this reissue application. Bugjammer, Inc. hereby offers to surrender U.S. Patent No. 6,568,123 B1 in conjunction with the above-identified application to reissue this patent.

Bugjammer, Inc.

Dated: 3/13/04

By

Name: Lantz S. CrawleyTitle: President

Express Mail Certificate Under 37 CFR §1.10

I hereby certify that this correspondence is being deposited with the United States Postal Service as Express Mail Airbill No. _____ in an envelope addressed to:

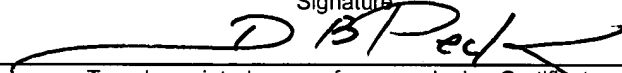
62983945544-US

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

on March 16, 2004
Date



Signature



Typed or printed name of person signing Certificate

Note: Each paper must have its own certificate of mailing, or this certificate must identify each submitted paper.

Reissue Application Fee Transmittal Form (1 page);

Reissue Patent Application Transmittal with Tabs 1-6 (56 pages);

Check # 4451 in the amount of \$838.00; and

Postcard *Preliminary Amendment (20) Pages*

Copy of Issued Patent

Reissue Declaration (3) Pages

Consent of Assignee (2) Pages

Offer to Surrender (1) Page

Statement under CFR 3.73b